



Center for Medicaid and State Operations

SHO #02-003

June 5, 2002

Dear State Health Official:

The purpose of this letter is to notify you of the upcoming study of the implementation of the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) of 2000. We also want to notify you of a joint conference sponsored by the Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) regarding the Breast and Cervical Cancer Prevention and Treatment Medicaid Option.

As we communicated to you in previous correspondence, the BCCPTA of 2000, effective October 1, 2000, allows states to provide Medicaid eligibility to a new group of individuals previously not eligible under the program. The new option allows states to provide full Medicaid benefits to uninsured women under age 65 who are identified through CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer. The BCCPTA also allows states to extend presumptive eligibility to applicants in order to ensure that needed treatment begins as early as possible. To date, 39 states have received approval to implement the expanded Medicaid eligibility option.

Although not all state Medicaid programs have elected this option, important questions remain regarding each state's decision process and the impact those decisions have had on improved access to treatment for women with breast or cervical cancer. Such questions have important policy implications for Federal and state policy makers. To obtain answers to these and other questions, CDC and CMS have engaged The George Washington University (GWU), Center for Health Services Research and Policy to conduct a study of Medicaid agencies and CDC Title XV Grantees efforts in implementing the provisions of the BCCPTA. Enclosed is a one-page description of the study.

The purpose of the study is to describe and understand states' implementation efforts from both Medicaid agency and Title XV agency perspectives. It is important to evaluate the effectiveness of the BCCPTA in achieving its central policy objective, namely, improving the ability of uninsured women with breast or cervical cancer to secure earlier and better care and management. This will be a multi-phased study. Initially, the study will include case studies of the following 6 states: Alaska, Alabama, Iowa, New Hampshire, Utah, and West Virginia. As GWU progresses with the study, 10 additional states will be added to the case studies. Within the next several weeks, a researcher from GWU may be contacting you and your staff. We look forward to working with you to meet our shared goals.

Successful implementation of the new benefit requires a coordinated effort between state Medicaid and public health agencies. To that end, CDC and CMS will host a joint conference in Atlanta, Georgia, in mid-October this year for state Medicaid officials and CDC Breast and Cervical Cancer Early Detection Program Grantees to discuss crosscutting issues that impact the successful implementation and ongoing coverage of the new Medicaid treatment option. CMS will pay for one person from your state Medicaid agency to attend the conference. Other individuals may attend the conference at the cost of the state. Additional information regarding the conference will be forthcoming as our plans progress.

Enclosed is a BCCPT State Contact List that may be useful in facilitating your state's attendance at the conference. The individual listed as your state's contact is the individual we have been assisting during your state's pre-implementation efforts. If this is not the correct individual or the one who will be representing your state at the joint conference, please provide us with the correct information. If your state has not elected the new Medicaid option, we also extend an invitation for your state to be represented at the joint conference. Contact information may be provided to Marge Sciulli at msciulli@cms.hhs.gov or at (410) 786-0691. We are looking forward to a productive meeting as we bring these programs together for the first time in a national forum.

Sincerely,

/s/

Dennis G. Smith
Director

Enclosures

cc:

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CMS Associate Regional Administrators
for Medicaid and State Operations

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American Public Human Services Association

Joy Wilson
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SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
CENTER FOR HEALTH SERVICES RESEARCH & POLICY

State Implementation of the Breast and Cervical Cancer Prevention and Treatment Act of 2000

On October 24, 2000, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) was signed into law. This law established a new state coverage option under Medicaid that permits states to extend Medicaid to uninsured woman under 65 who was screened and diagnosed with breast and or cervical cancer through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded by the Centers for Disease Control and Prevention (CDC). The creation of this coverage option is groundbreaking as an effort to use population-wide public health screening programs as pathways for publicly funded health insurance. Because state implementation of the new law is in an early stage, little is known about states' experiences in adopting this new Medicaid coverage and how women's access to breast and cervical cancer treatment might be affected or improved.

The Centers for Medicare and Medicaid services (CMS formerly HCFA) and CDC have engaged the GWU Center for Health Services Research and Policy to conduct an 18-month study to assess initial implementation of BCCPTA by the states. The broad goal is to evaluate the effectiveness of the BCCPTA in improving the ability of uninsured women with breast or cervical cancer to secure insurance and thereby secure earlier and better treatment.

The first stage of this study will describe implementation efforts in selected states to understand: (1) how states are taking advantage of this new Medicaid option; (2) how state Medicaid agencies and Title XV grantees (i.e., entities responsible for administering the NBCCEDP) are collaborating on implementation; (3) whether and how the BCCTPA implementation is affecting the operation of NBCCEDPs; and (4) whether access to treatment through Medicaid has been expanded for uninsured women.

Within the next few months, we will conduct the first six case studies. This will primarily involve interviews with a range of stakeholders including state Medicaid officials, Title XV grantees, and representatives from provider and community organizations. Several key issues will guide the interviews and analysis including: (1) the screening options that have been chosen in the states and why; (2) the key challenges encountered in implementation; (3) the factors facilitating collaboration between the state Medicaid agencies and Title XV grantees; (4) whether existing NBCCEDP programs have been affected and why; and (5) the implications of the BCCPTA as implemented for future linkages between prevention programs and publicly-funded insurance.

A landmark study, the results will provide early information and insights regarding how states can and are pursuing various strategies to implement the BCCPTA. It also will point to further areas of examination for the assessment of: (1) whether using prevention programs as a pathway for insurance coverage is an effective way to promote access to care; and (2) how this new law is affecting women's access to screening and treatment of breast and cervical cancer.

Principal Investigator: Kathleen A. Maloy, JD, PhD, **Project Researchers:** Sarah Blake, MA, Kyle Anne Kenney, MPH, Julie Darnell, MHSA, Michelle Proser.

BCCPT State Contact List
May 2, 2002

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¹ Palau does not have a Medicaid Program